## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## DOCUMENT #

Principal Place of Business

2. Principal Place of Business

P97000069461

Mailing Address

3. Mailing Address

CEDAR KEY FL 32625

P O BOX 158

1. Entity Name

1191 8TH STREET

CEDAR KEY FL 32625

DELAINO & PEREZ CLAMS, INC.



FILED Apr 29, 2003 8:00 am Secretary of State

04-29-2003 90037 038 \*\*\*150.00

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CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3462326 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DELAINO, WILLIAM E JR Street Address (P.O. Box Number is Not Acceptable) 1191 8TH STREET CEDAR KEY FL 32625 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees

Make Check Payable to Florida Department of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete TITLE TITLE DELAINO, J. William 1191 & STREET DELAINO, JR WILLIAM E NAME STREET ADDRESS 1025 7TH STREET STREET ADDRESS CEDAR KEY FI 32625 CEDAR KEY FL 32625 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ۷P TITLE TITLE DELHINO, MARY MARGARET 1191 84 STREET \_ NAME PEREZ, TEOFILO NAME STREET ADDRESS 5090 E STREET STREET ADDRESS CITY-ST-ZIP CEDAR KEY FI 32625 CITY-ST-7iP CEDAR KEY FL 32625 \_\_ [ Change Addition Delete 🚉 🔍 TITLE TITLE PEREZ, RONALD 6970 S.W. 108 TA AVENUE NAME NAME STREET ADDRESS STREET ADDRESS Cadar KEY, FI 32625 CITY-ST-ZIP CITY-ST-ZIP VPPEREZ, TEOFILO Gethange 6970 S.W. 1087 AVENUE CEDAR KEY, FI 32625 Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4/27/03 (351)5436001